

APPENDIX OVERVIEW

This appendix is designed to assist you in improving your presentation skills and training techniques. It is not an in-depth review of adult learning theory. If you have little or no experience with training, this appendix is essential. For the reader who is a bit more experienced, we hope this will help you sharpen your skills, and perhaps learn a few new ones.

You will learn some hints for working with adults along with presentation skills and delivery methods, facilitation skills and ways to handle difficult trainees.

I. Adult Learning Hints

Some key points to remember when working with adults include:

1. the presentation must relate to real world experience;
2. hands-on experience is best for retaining information;
3. most learners want training to be practical, rather than touchy-feely;
4. make sure the materials are clearly presented, that adults can both see and hear;
5. adults need breaks every 50-60 minutes;
6. tie learning to past experiences (driving a car, baking a cake);
7. allow adults to control the pace at which they learn;
8. use feedback liberally and
9. review material and allow application time before going on to new ideas.

APPENDIX A

Presentation Skills and Training Hints

II. Presentation Skills

This section introduces you to the communication skills that are needed to facilitate learning. We discuss the various delivery methods that are available for presentations, including having more than one person present. We will also cover how to interact with different types of participants in your audience.

1. Verbal Skills

A presenter's voice is his/her chief means of communicating with participants. A good communicator:

- Defines jargon and technical language.
- Resists the urge to rush.
- Uses pauses.
- Doesn't patronize or condescend.
- Praises often.
- Is positive.

There are things you can do, skills you can use, to maximize your presentation:

- Minimize the use of filler words (uhm, ok, like).
- Voices tend to raise when the speaker is nervous. Make a conscious effort to bring your voice down.
- Slow down.
- Avoid monotone delivery.
- Avoid being too soft or quiet.

APPENDIX A

Presentation Skills and Training Hints

2. Body Language

Energy and enthusiasm will reflect confidence and conviction. If verbal and nonverbal communication support each other, people will have an easier time understanding the message. If they conflict, you'll lose your audience. Positive body language includes:

- Eye contact.
- Posture.
- Movement.
- Gestures.
- Facial expressions.
- Eye contact
 - ➔ Makes the presentation personal.
 - ➔ Shows interest.
 - ➔ Establishes rapport.
 - ➔ Creates trust.
 - ➔ Projects confidence.
- Posture and movement
 - ➔ How you hold yourself physically can reflect how you hold yourself mentally, so stand tall and project confidence.
 - ➔ Movement can also help project a positive image. It focuses your audience's attention. When you move, you are reducing your own stress by giving yourself time to pause and collect your thoughts.

APPENDIX A

Presentation Skills and Training Hints

- ➔ Be careful of too much movement because it will look like you are nervous. You want to move, but don't pace. When you are moving around the room be aware of other's space so that you don't invade it by getting too close.
- Gestures and facial expressions are important ways to instill confidence. Try to:
 - ➔ Smile.
 - ➔ Keep your hands out of your pockets.
 - ➔ Use your hands when you talk.
 - ➔ Keep from playing with objects.

3. Nervousness

Contrary to popular belief, some degree of nervousness can be good for you and your presentation. Positive nervousness provides energy and gives an edge to your presentation. It proves that you think your audience is worth being nervous about. Rather than fighting it, it is easier to admit it and turn it to your advantage. Don't allow your nervousness to become too distracting and make your audience nervous.

Some solutions to nervousness are:

- Take a brisk walk before class.
- Know your subject matter.
- Look at your audience realistically.
- Know your platform completely.
- Visualize yourself as a success before the class begins.
- Consider using a warm-up routine each time you are preparing to present.

APPENDIX A

Presentation Skills and Training Hints

4. Feedback

Proficiency comes with experience and feedback. We can improve feedback by:

- Reinforcing what has been done well.
- Identifying areas for improvement and ways to do things better.

III. Delivery Methods

There are several delivery formats available to you for making presentations, whether you are a presenter or trainer.

1. Lecture

In the past, trainers have relied too heavily on lecture as a delivery method. When lecture is the only method for presenting a course, participants find it boring because they are not getting opportunities to interact. When you are preparing to present training, consider ways to balance lecture with other methods.

2. Group Discussion

Another method of delivery is group discussion. You may find opportunities to incorporate group discussions in your presentation. The size of the discussion groups can range from 3-6 participants to the entire audience. If you use small group discussions frequently, encourage participants to interact with different people each time. It provides participants with an opportunity to work with others and share ideas.

3. Discovery

The discovery method allows participants to explore. Participants identify what they need to learn and then find ways to fulfill those needs. They can use the resources in the classroom to experiment and feel comfortable with the subject matter before they leave the classroom.

APPENDIX A

Presentation Skills and Training Hints

4. The Team Approach

The team approach is another delivery method. The team might consist of a lead instructor and a backup instructor. Each person will play a vital role in the success of training. These roles include:

- a. Lead Instructor
 - Presents the course.
 - Decides what areas will be covered.
 - Initiates activities.
 - Answers agency-specific questions.
- b. Backup Instructor
 - Provides one-on-one coaching.
 - Answers training-related questions.
 - Assists lead instructor with delivery.
 - Supports activities.

5. More Than One Instructor

In some cases, more than one instructor may be teaching a class. There are several options when more than one instructor is available.

- a. Each instructor can teach a separate lesson.
- b. Two instructors can split a lesson.
- c. One instructor can teach the content while the other instructor leads the activities.

The instructors who are not teaching at a particular moment should be available to assist participants by:

- d. Answering questions.
- e. Facilitating group discussions and activities.
- f. Providing one-on-one coaching.
- g. Answering training-related questions.
- h. Assisting lead instructor with delivery.
- i. Supporting activities.

IV. Facilitation Skills

Your presentation will be more effective when people become involved and participate in the presentation. Facilitation skills are a way to involve the learners by showing interest in the audience and making people feel free to comment and ask questions. Facilitation skills also help you to obtain feedback from the audience about how the presentation is received. Then you can respond to your audience's needs more appropriately.

1. Facilitator Responsibilities

- a. Ensure that all participants have a chance to talk.
- b. Ensure that everyone is protected from personal attack.
- c. Ensure that no one is allowed to dominate discussions.
- d. Focus and direct the group.
- e. Aim class discussions toward the course objectives.

2. Observe The Participants' Reactions

- a. Observation skills help you assess how the presentation is being received. Based on your observations over time, you can make decisions to continue as planned, or to modify the presentation to respond to the audience's needs.

APPENDIX A

Presentation Skills and Training Hints

- b. To use observation skills, start by looking at people's faces, eyes, body positions and body movements. Are their eyes glazed over? Do you see concern or confusion on their faces? Then see how they respond to the material. Are they enthusiastic or reluctant? When discussions occur, does everyone take part, or do most people stay quiet?
- c. Based on class reactions, modify your approach. Ask questions to determine whether you are going too fast, too slow, too loud or too soft. Your presentation may be too technical or too simple. Find out, then modify your approach.

3. Listening Skills

- a. The goal of active listening is to communicate that you are interested in the speaker and that you understand his/her message. When you are listening, use active steps to listen to the full message, which includes words and non-verbal signals. Examples of active listening steps include:
 - Show interest in what the speaker is saying through active listening, for example, "I understand" or "Uh huh."
 - Respond as appropriate.
 - Express understanding of the message by paraphrasing.
 - Use an empathy statement, for example, "I see your point of view."

4. Enhancing Audience Self-Esteem

Maintaining or enhancing self-esteem means treating people with respect and helping them feel good about their efforts in the course. It means letting them know that their contributions are worthwhile and appreciated.

5. Effective Questioning And Answering

Questions play a major role in effective presentations. The skills associated with questioning include:

- a. Asking appropriate questions.

- b. Handling answers to the audience's questions.
- c. Responding to questions from the audience.
- d. Repeating questions from the audience before answering.
- e. Allowing participants time to answer your questions.
- f. Repeating answers from participants so everyone can hear the answers.

6. Asking Questions

Good techniques for asking questions include the following:

- a. Direct the questions for specific information.
- b. Ask questions throughout your discussion.
- c. Direct questions to the entire class.
- d. Use follow-up questions to expand the discussion.

V. Handling Different Types of Participants and Challenging Situations

When you are leading training or giving a presentation, you will encounter various types of participants and situations. There are situations that can occur that you may need to deal with, for example, when you are lecturing and two participants are talking to each other. How you handle these situations may affect the attitudes of the participants and the success of the presentation. Listed below are some characteristics and tips for handling different types of participants.

1. Hesitant Participant

This person is shy, reluctant and silent most of the time. Strategies for dealing with the hesitant participant include:

- a. Use a lot of small group activities.
- b. Call on them from time to time; offer encouraging statements.

APPENDIX A

Presentation Skills and Training Hints

- c. Ask this person questions you know they can answer.

2. Monopolizing Participant

This participant talks all of the time and keeps others from having an opportunity to speak. S/he thinks and speaks quickly, has strong eye contact and a strong need to win. Strategies for dealing with the monopolizing participant include:

- a. Tell this person that you would like to get another opinion on a particular issue.
- b. Let him/her know that you appreciate his/her input but that everyone needs an opportunity to participate.

3. The Voice Of Experience Participant

This person has a tremendous need to be heard. S/he likes to share his/her knowledge with everyone by using big words, lots of statistics and name dropping. Strategies for dealing with the voice of experience:

- a. Be polite, but tell him/her that the group needs to move to the next point.
- b. Redirect the group to the main topic.

4. Non-listening Participant

This participant tends to interrupt, cut others off and jump in before others have a chance to speak. Strategies for dealing with the non-listening participant include:

- a. Insist that others need an opportunity to participate.
- b. Ask this person to restate what someone else has said.
- c. Ask for an analysis of how his/her viewpoint compares with what another participant has said.

APPENDIX A

Presentation Skills and Training Hints

5. Idea-zapping Participant

This person is an expert at putting down other people's ideas. S/he finds creative ways to inhibit suggestions from others. Strategies for dealing with the idea-zapping participant include:

- a. Rescue the idea before the entire group dismisses it.
- b. Ask if this participant can come up with her/his own idea.
- c. If you like an idea that was zapped, do not hesitate to agree with it.

6. Complaining Participant

This person is a master at blaming, fault-finding, griping and sharing his/her endless pet peeves. Strategies for dealing with the complaining participant include:

- a. Ask this participant questions that will force her/him into a problem-solving mode.
- b. Encourage him/her to consider the other point of view.

7. Rigid Participant

This participant takes a position on an issue and will rarely move from it. S/he makes it difficult for the group to make any progress. Strategies for dealing with the rigid participant include:

- a. Get her/him to admit that there is another side to the issue.
- b. If this participant supplies some data or opinion contrary to his/her own, follow up on this.

8. Hostile Participant

This person is antagonistic, aggressive and unfriendly. S/he looks for opportunities to disagree and embarrass others. Strategies for dealing with the hostile participant include:

- a. Avoid getting wrapped into a debate.

APPENDIX A

Presentation Skills and Training Hints

- b. Keep your cool and simply rephrase the question in a milder, objective way.
- c. Remember that no trainer ever won an argument with a participant.

9. Angry Participant

This participant's behavior ranges from silence and withdrawal to constant complaining. S/he looks for holes in your ideas and presents impossible "what if" scenarios. Strategies for dealing with the angry participant include:

- a. Do everything you can to eliminate possible threats from the training.
- b. Consider the use of activities to allow venting of frustration in a positive manner.

10. Negative Participant

This person finds the gloomy side of things. S/he brings up past grievances and complaints. Strategies for dealing with the negative participant include:

- a. Ask her/him if s/he can find anything positive in the situation.
- b. Sometimes it helps to respond by saying, "I understand."

11. The Clown Participant

This participant hinders group progress and annoys others with his/her abundance of ill-fitting humor. Strategies for dealing with the participant who is a clown include:

- a. Call on her/him on occasion for serious dialogue.
- b. Compliment him/her when s/he makes a worthwhile contribution.
- c. Do not reward her/him attempts at humor.

APPENDIX B

Sample Scenarios for Use in Training

Overview

Appendix B represents sample scenarios that you, the instructor or person responsible for training development, can use to develop your own set of scripts. The scripts you develop can be used wherever scripts are recommended for practice, as noted in the Instructor's Guide.

The scenarios you will find in this appendix are based on real-life calls received by the American Medical Services, San Diego EMS Dispatch Center. Please note that the scenarios presented here are based on a 9-1-1-E system where the caller's address and phone number are displayed on the dispatcher's CAD terminal (Computer-aided dispatch).

The scenarios are divided into three sections:

1. **Background**, where you are presented introductory information regarding the scenario;
2. **Script**, where you see the actual transcriptions of calls and the conversations of the dispatcher and the caller; you would use these wherever you want to use a role play to teach a specific concept or to give trainees practice and
3. **Results**, where you find out the results of the call, as they actually happened.

Scenario Hints

- ◆ *When developing scenarios for use in training, make them realistic to the local area (include local jargon, colloquial expressions, etc.).*
- ◆ *You should include a section of answers that you want to get from the trainees. This would include any observable behaviors that an instructor should look for.*
- ◆ *Create many different scenarios. If developing scenarios that the trainees are to critique, be sure to include examples of good and bad EMD behaviors. If any judicial actions were taken on the particular scenario (if based on a real case), be sure to include the results of the case as it was adjudicated.*

APPENDIX B

Sample Scenarios for Use in Training

SCENARIO #1

BACKGROUND The caller was responsible for the injury to his roommate. It was obvious to the dispatcher that the caller's primary language was not English, and to make things even more confusing, the caller was being very evasive with the EMD in reporting the incident and answering the dispatcher's questions.

SCRIPT

EMD: Medical emergency operator 10.

CALLER: This is 3083 Park Av. and there's two guys are sleeping in the same apartment and one has shot the other with an arrow.....on the neck and uhaaaa.....

EMD: Ok, what address are they at?

CALLER: The 3089 Park Av.

EMD: I show you calling from 3079 Park Av.?

CALLER: Yes, yes 308 uh, I'm sorry...30.....3083....

EMD: Ok, this is your neighbor?

CALLER: Yes, it is.

EMD: ...and someone got stabbed in the neck with an arrow?

CALLER: Yes.

EMD: Ok, and is the arrow still in his neck or what?

CALLER: Well...uh...now, I don't think it's any serious thing. Well it's serious...he says it's serious, you know.....

EMD: Is the person who did this still there?

continued...

APPENDIX B

Sample Scenarios for Use in Training

CALLER: Yea, still here yea.

EMD: Ok PD were going to be responding and we're going to stand back.

PD: Ok.

EMD: Sir can you take a clean cloth and put some direct pressure on.....

PATIENT: You don't understand.....the arrow is through the back of my neck and it is through my head sticking out of my eye!

EMD: Sir, listen to me, is the arrow still inside you?

PATIENT: Huh!

EMD: Is it still in through your neck?

PATIENT: Yes!

EMD: Ok.....

PATIENT: It's through my head and it's sticking through my eye on the other side!

EMD: Ok, what I want you to do then.....is it bleeding?

PATIENT: Yes!

EMD: Ok...

PATIENT: Blood is coming out of my nose!

EMD: Ok, I have help on the way, we'll be there in a few minutes...what I want you to do is, sit down. Can you take a clean cloth....don't move the arrow at all...ok? Just try to put direct pressure anywhere you can to stop the bleeding. You need to sit down though, ok?.....

PATIENT: Yes.

continued...

APPENDIX B

Sample Scenarios for Use in Training

EMD:	You may start feeling a little faint.
PATIENT:	Yeah.
EMD:	Who ever did this, are they still there?
PATIENT:	I didn't know I'm not in that apartment, I'm next door now.
PD:	Sir, who shot you?
PATIENT:	The guy I'm staying with....I was sleeping and all of a sudden I felt this thump!

RESULT: The arrow did not strike anything vital and was successfully removed from the patient's head. The patient did not lose his eye and made a complete recovery.

APPENDIX B

Sample Scenarios for Use in Training

SCENARIO #2

BACKGROUND: This call was received from a twenty one year old male, the son of the patient. The son observed the father slump and fall over while mowing his back yard.

SCRIPT:

EMD: Medical emergency number 9.

CALLER: Yes, I think I have a stroke.

EMD: Ok, what's your address?

CALLER: 3559 Ash St.

EMD: What's your phone number?

CALLER: 395-2686

EMD: Ok, how old are you?

CALLER: Ah, 21

EMD: What makes you think you're having a stroke?

CALLER: No, not me, my father.

EMD: Ok, how old is he?

CALLER: Ah, 50.

EMD: ...and what's he doing?

CALLER: Well, he was....he was mowing in the back yard. Then I saw him...just kind of lean over then he just fell over.

EMD: Ok, is he awake now?

continued...

APPENDIX B

Sample Scenarios for Use in Training

CALLER: Ah, I think he is but he's not really moving.

EMD: He's unresponsive or....

CALLER: Ah, I didn't...I just ran to the phone as soon as I saw it..

EMD: Ok, what's he doing right now? I have help on the way so go see what he's doing so I can help you, ok?.....

<A LONG PAUSE>

CALLER: I turned him over on his back and he doesn't seem to be breathing.

EMD: Ok, do you know CPR?

CALLER: No.

EMD: Ok, I can tell you what to do....is there anybody else there with you?

CALLER: No.

EMD: Ok, let me tell you what to do, ok?

CALLER: Yea.

EMD: Go back up to him and make sure he's laying flat on his back.

CALLER: Ok.

EMD: You want to tilt his head back.

CALLER: Ok.

EMD: Put one hand on his forehead and one hand under his neck and you want to pinch his nose and you want to blow two times in his mouth.

CALLER: Ok.

APPENDIX B

Sample Scenarios for Use in Training

continued...

EMD: You have to blow in his mouth and you have to make a real good seal, ok?

CALLER: Ok.

EMD: ...and after you do that I want you to check for a pulse in his neck. Do you know how to check for that kind of pulse?

CALLER: You just put your fingers on his, you know...

EMD: Yea, go do that and then come back to the phone so I can give you the rest of the info.

CALLER: Ok.

<A LONG PAUSE>

CALLER: Hello?

EMD: Yea.

CALLER: If there's a pulse it's really weak.

EMD: Ok, can you feel.....

CALLER: When I did the CPR he seemed to breathe a little bit.

EMD: Ok, is he breathing at all right now?

CALLER: Uh, I'm not sure....a couple of times when I breathed down his mouth....

EMD: ...and you heard him take a.....

CALLER: I heard him take a breath.

EMD: Ok, just one?

CALLER: Well, he seems to....his face is like purple and stuff....

continued...

APPENDIX B

Sample Scenarios for Use in Training

EMD:	Ok, he definitely needs some air then. I want you to go back, blow two times in his mouth and then I want you to locate his sternum. There's a flat area in between the two nipples on his chest.
CALLER:	Yes.
EMD:	I want you to put your palm flat against it and I want you to push in about two and a half inches and do it 15 times.
CALLER:	Breathe a couple of times then do that?
EMD:	Right, do that 15 times.
CALLER:	Alright, I'm going to hang up now.
EMD:	Ok, breathe and just keep doing that.
CALLER:	When is the ambulance going to be here?
EMD:	They'll be there shortly, ok?
CALLER:	Yea.
EMD:	Ok, just keep doing that, two and fifteen, two and fifteen, ok?
CALLER:	Ok.

NOTE: The CPR instructions given by the dispatcher and administered by the son was successful. The father recovered and was discharged from the hospital.

APPENDIX B

Sample Scenarios for Use in Training

SCENARIO #3

BACKGROUND: This call was received at 02:12 a.m. The first reporting party was excited and spoke with slurred speech. The patient, a nineteen year old female, had a history of asthma. The patient and her friends had spent the evening drinking adult beverages at several local bars. The patient had used her inhaler several times without relief.

SCRIPT:

EMD:	Paramedics.
1st CALLER:	(CALLER has slurred speech, very difficult to understand.) Hi somebody here has hit his head, asthma attack.
EMD:	What's the address?
1st CALLER:	1749 Reed Ave. Apt. D
EMD:	How old is this person?
1st CALLER:	Ohm.... 19.
EMD:	Male or female?
1st CALLER:	Female.
EMD:	Did she use her inhaler?
1st CALLER:	We tried. She's just coughing it up.
EMD:	Ok, is she awake right now?
1st CALLER:	Ohm...I don't know if she's conscious yet.
EMD:	What?
1st CALLER:	I'm not sure she's (pause) conscious yet, I'm outside.
EMD:	You're outside?

continued...

APPENDIX B

Sample Scenarios for Use in Training

1st CALLER: She's in the bedroom I'm outside. I can't hear inside right now, there's too many people yelling inside, so....

EMD: Ok, well you need to go in and find out if she's conscious, for me, breathing.

1st CALLER: I think she is, hang on, she's breathing, definitely .

EMD: Ok, just make sure she's awake for me and come back to the phone.

1st CALLER: No! No!

EMD: Pardon me?

1st CALLER: No, no get'em here now!

EMD: Well.... they're already started.

1st CALLER: She's not conscious, they're doing CPR on her now.

EMD: Sir please....

1st CALLER: I'm not....

EMD: ...you don't do CPR on someone who's awake and breathing.

1st CALLER: She's not breathing, she's not.....Lady will you listen to me?

EMD: I asked you if she was awake, you won't even go check and now you tell me.....

1st CALLER: I'm not...I just checked right now. What do you want me to do?

EMD: So why are they doing CPR on her if she's breathing?

1st CALLER: She's not f___ing breathing!

EMD: Alright, you need to get the phone in there with her.... so I can talk to somebody....

continued...

APPENDIX B

Sample Scenarios for Use in Training

1st CALLER:	Right now I'm looking at them.
EMD:	Who's doing CPR on her?
1st CALLER:	My buddy and hissss.....two people.
EMD:	Do they know how to do CPR?
1st CALLER:	Yes they do.
EMD:	So she's not breathing at all?
1st CALLER:	No.
EMD:	Let me talk to one of the people doing CPR, put the phone up to their ear.
1st CALLER:	Brian....they're not, they're busy...what do you want me to tell you?
EMD:	I want you to put someone else on the phone.
1st CALLER:	Scottie...Scottie talk to her dude.
2nd CALLER:	What's up.
EMD:	Hi, tell me what's going on there.
2nd CALLER:	The...the this girl is unconscious right now. I have no idea what's going on.
EMD:	Why is she unconscious, what's going on there?
2nd CALLER:	She just got back from the bars and she drank a lot tonight and....she's really wasted.
EMD:	So she's just drunk? She doesn't have asthma?
2nd CALLER:	Well....I guess she does have asthma, I don't know. I have no idea.

continued...

APPENDIX B

Sample Scenarios for Use in Training

EMD:	Ok, well who was talking to me earlier, telling me they were doing CPR?
2nd CALLER:	They are right now.
EMD:	Is she...
2nd CALLER:	She's out, not breathing.
EMD:	She's not breathing?
2nd CALLER:	No.
EMD:	Who's doing CPR? Do they know what they're doing?
2nd CALLER:	They are both in the navy.....so I assume they do.
EMD:	Ok, was there a fight or anything over there?
2nd CALLER:	Nope.
EMD:	Ok, we have help on the way.
2nd CALLER:	Ok, thanks.

NOTE:	The patient was presenting extreme respiratory distress but was never in cardiac arrest. The friends of the patient were found assisting ventilation.
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APPENDIX B

Sample Scenarios for Use in Training

SCENARIO #4

BACKGROUND: The calling party was a reliable member of the family who was concerned about the deteriorating condition of her mother over the past two days. The patient was demonstrating progressive loss of motor functions.

SCRIPT:

EMD: Medical emergency operator six.

CALLER: My mother has been very very ill for the last two days, I'm afraid she might have had a stroke.

EMD: What's the address there mam?

CALLER: The address is...ah....12565 North Ave, Dr. Apt. 216.

EMD: Ok, what's your phone number there?

CALLER: The phone number is 555-6165.

EMD: Ok, Almarado is the cross street at the corner?

CALLER: That is correct.

EMD: Ok, how old is this person having the stroke?

CALLER: Ah...79...she's not having a stroke, we suspect she had one Friday night and she has deteriorated sense then. We simply can't get her to the car. She's not in any life threatening situation right at the moment. We're very worried about her.

EMD: So she hasn't been to the hospital since she has had symptoms of a stroke?

CALLER: No, she has just simply deteriorated since and it's just gotten worse and worse.

continued...

APPENDIX B

Sample Scenarios for Use in Training

EMD: Can you explain what kind of symptoms she's having right now, because I can send a private ambulance, but if she's deteriorating.....?

CALLER: She can't walk, she can't get out of the chair and she really can't even hold her head up. She can breathe...

EMD: She can breathe?

CALLER: Yes.

EMD: Is she talking to you and make sense?

CALLER: Yes, she is.

EMD: Is she having any slurred speech or paralysis?

CALLER: Well.....she can't even pick up her head, where two days ago she could walk. Uh, she's extremely slow but she can be talked to. She is not in a life threatening situation at the moment but we need to get her to the hospital. We called the hospital and they said to call you.

EMD: Ok, stay on the line a second.....<PAUSE>..... ok ma'am, I'm going to send a private ambulance and it's going to take them about twenty minutes to get there. Just keep your mom comfortable until they get there.

CALLER: Ok.

EMD: If she gets worse, starts having difficulty breathing or something like that, call 9-1-1 back and we'll tell you what to do.

CALLER: Ok, but she's not in a life threatening condition. Now, my father is here, can he go with her?

EMD: Yes, the ambulance companies will let one of the family ride with them to the hospital.

Caller: Ok.

EMD: Ok, if anything changes, be sure and call me back at 9-1-1.

continued...

APPENDIX B
Sample Scenarios for Use in Training

CALLER: Ok.

NOTE: The patient was found to be suffering from an exotic condition called
 "Normal Pressure Hydrocephalic"

APPENDIX B

Sample Scenarios for Use in Training

SCENARIO #5

BACKGROUND: No information provided.

SCRIPT:

EMD: 9-1-1 medical emergency operator 52.

CALLER: Hi, I'm calling from my cell phone and there's a wreck at 2nd and Main St. a taxi broadside a car....

EMD: What is your phone number?

CALLER: 555-7731

EMD: Is anyone hurt?

CALLER: I think so...I'm not sure....yes, the passenger in the car is bleeding. Please send someone and hurry.

EMD: I've already dispatched help to your location. How many people are involved?

CALLER: The taxi has two passengers and there are two people in the car.

EMD: So is that a total of five?

CALLER: Yes, that's right, five including the taxi driver.

EMD: Is anyone trapped in the vehicle?

CALLER: I'm not sure....I don't think the passenger in the car can get out....

EMD: Ok, are you going to go over to the scene?

CALLER: I can if you want me to.

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